

478A.TXR000020487 0001  
SEARS NO. 1057  
DALLAS, TX 75240



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**ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ TXR000020487

09/21/98

INSTALLATION ADDRESS

SEARS NO 105716427  
3333 BEVERLY RD A2-242A  
HOFFMAN ESTATES , IL 60179  
DAWN JESS ENV PROJ MGR

13131 PRESTON RD  
DALLAS ,TX 75240

0233 1000 1115

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 12/31/99  
EPA Form 8700-12 (Rev. 10/09/96)

Notification of Regulated Waste Activity		EPA United States Environmental Protection Agency		RECEIVED (For Official Use Only) SEP 16 1998 JW9-16-98	
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)					
<input type="checkbox"/> A. Initial Notification		<input checked="" type="checkbox"/> B. Subsequent Notification (Complete Item C)		C. Installation's EPA ID Number	
				TXR000020487	
II. Name of Installation (Include company and specific site name)					
SEARS #105716427					
III. Location of Installation (Physical address not P.O. Box or Route Number)					
13131 PRESTON RD					
City or Town				State	Zip Code
DALLAS				TX	75240-
County Code County Name					
113 DALLAS					
IV. Installation Mailing Address (See instructions)					
Street or P.O. Box					
3333 BEVERLY RD A2-242A					
City or Town				State	Zip Code
HOFFMAN ESTATES				IL	60179-
V. Installation Contact (Person to be contacted regarding waste activities at site)					
Name (Last)			Name (First)		
JESS			DAWN		
Job Title			Phone Number (Area Code and Number)		
ENV PROJECT MGR			847-286-8616		
VI. Installation Contact Address (See instructions)					
<input type="checkbox"/> A. Current Address Location		<input checked="" type="checkbox"/> B. Street or P.O. Box			
City or Town				State	Zip Code
					-
VII. Ownership (See instructions)					
A. Name of Installation's Legal Owner					
SEARS ROEBUCK & CO					
B. Street, P.O. Box, C. Route Number					
3333 BEVERLY RD					
City or Town				State	Zip Code
HOFFMAN ESTATES				IL	60179-
Phone Number (Area Code and Number)				B. Land Type C. Owner Type D. Change of Owner Indicator (Date Changed) Month Day Year	
847-286-2500				P P Yes <input checked="" type="checkbox"/> No	

Hand signed 10/18/98

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Det.



Please print name with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 10/31/99  
GSA No. 0246-EPA-OT

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
<p>1. Generator (See instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify _____</p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.</p> <p><input type="checkbox"/> 4. Hazardous Waste Inc.</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter/Deferral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Used Oil Recycling Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

D018 D039 D040

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title (Type or print)	Date Signed
<i>Dawn A. Jess</i>	DAWN A. JESS ENV. Proj. Mgr	8/19/98

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ TXR000020487 04/21/97

INSTALLATION ADDRESS

SEARS NO 1057  
3333 BEVERLY RD D824C  
HOFFMAN ESTATES, IL 60179  
MARGARET WHITNEY ENV PROJ MGR

13131 PRESTON RD  
DALLAS, TX 75240

0233 0000 1117

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 12-30-96  
GSA No. 2840-EPA-87

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

RECEIVED Date Received MAR 24 1997 JW 4-341
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## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number

TXR000020487

## II. Name of Installation (Include company and specific site name)

SEARS #1057

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

13131 PRESTON RD

Street (Continued)

City or Town

DALLAS

State

Zip Code

TX

75240-

County Code

County Name

113 DALLAS

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

3333 BEVERLY ROAD D824C

City or Town

HOFFMAN ESTATES

State

Zip Code

IL

60179-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

WHITNEY

(First)

MARGARET

Job Title

ENV PROJECT MGR

Phone Number (Area Code and Number)

847-286-8616

## VI. Installation Contact Address (See Instructions)

A. Contact Address

Location Mailing Other

☐
☒
☐

B. Street or P.O. Box

-

City or Town

HOFFMAN ESTATES

State

Zip Code

IL

60179-

## VII. Ownership (See Instructions)

## A. Name of Installation's Legal Owner

SEARS ROEBUCK AND CO

Street, P.O. Box, or Route Number

3333 BEVERLY ROAD

City or Town

HOFFMAN ESTATES

State

Zip Code

IL

60179-

Phone Number (Area Code and Number)

847-286-2500

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month Day Year

 KY  
 14-92



ID - For Official Use Only

**VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)**

### A. Hazardous Waste Activity

### B. Used Oil Recycling Activities

1. **Generator (See instructions)**  
☐ a. Greater than 1000kg/mo (2,200 lbs.)  
☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)
2. **Transporter (Indicate Mode in boxes 1-5 below)**  
☐ a. For own waste only  
☐ b. For commercial purposes

### Mode of Transportation

- ☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify

- ☐ 3. **Treater, Storer, Disposer (st**  
- Installation, No's: A permit is  
required for this activity; see  
Instructions.
- ☐ 4. **Hazardous Waste Fuel**
- ☐ a. **Generator Marketing to Burner**
- ☐ b. **Other Marketers**
- ☐ c. **Boiler and/or Industrial Furnace**
- ☐ 1. **Smelter Deferral**
- ☐ 2. **Small Quantity Exemption**
- Indicate Type of Combustion  
Device(s)
- ☐ 1. **Utility Boiler**
- ☐ 2. **Industrial Boiler**
- ☐ 3. **Industrial Furnace**
- ☐ 5. **Underground Injection Control**

1. Used Oil Fuel Marketer
  - ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
  - ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
  - ☐ a. Utility Boiler
  - ☐ b. Industrial Boiler
  - ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
  - ☐ a. Transporter
  - ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
  - ☐ a. Process
  - ☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

**A. Characteristics of Nonlisted Hazardous Wastes.** (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

- [illegible]

**B. Listed Hazardous Wastes.** (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

**C. Other Wastes.** (State or other wastes requiring a handler to have an I.C. number; See Instructions.)

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**Signature**

Name and Official Title (Type or print)

**Date Signed**

MARGARET WHITNEY  
ENVIRONMENTAL PROJECT M.

3/4/97

## XI. Comments

**Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)**